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CONFIRMATION NO. 2843

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|--|---|------------------------------------|---|--|--------------------------------|
| SERIAL NUMBER 10/518,594 | FILING OR 371(c) DATE 11/08/2005 RULE | CLASS 424 | GROUP ART UNIT 1645 | ATTORNEY DOCKET NO. VOPA124104 | |
| APPLICANTS Gary Lewin, Berlin, GERMANY; Jung-Bum Shin, Berlin, GERMANY; | | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/EP03/06551 06/20/2003 | | | | | |
| ** FOREIGN APPLICATIONS ***** GERMANY 102 27 511.4 06/19/2002 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance met | | STATE OR COUNTRY GERMANY | SHEETS DRAWING 4 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 2 |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | | | | |
| ADDRESS 26389 | | | | | |
| TITLE Agent for medicamentous treatment of acute and chronic pain | | | | | |
| FILING FEE RECEIVED 1030 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |